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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/577,231	05/23/2000	Lundy Lewis	019287-0317297	3634
909 7590 05/13/2009 PILLSBURY WINTHROP SHAW PITTMAN, LLP P.O. BOX 10500			EXAMINER	
			ENGLAND, DAVID E	
MCLEAN, VA 22102			ART UNIT	PAPER NUMBER
			2443	
			MAIL DATE	DELIVERY MODE
			05/13/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

PILLSBURY WINTHROP SHAW PITTMAN, LLP P.O. BOX 10500

MCLEAN, VA 22102

Appeal No: 2009-0882 Appellant: Lundy Lew

Appellant: Lundy Lewis Application No: 09/577,231 Hearing Room: A

Hearing Docket: B

Hearing Date: Wednesday, June 10, 2009

Hearing Time: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal	, please identify the	appeal by its number.
CHECK ONE: () HEARING ATTENDANCE CONFIRMED	() HEARING ATTEN	DANCE WAIVED
Signature of Attorney/Agent/Appellant	Date	Registration No.
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